CLAIMS ONLY

Application Number	Filing Date
10/658893	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	✓					
2		✓				
3	✓					
4		✓				
5	✓					
6	✓					
7		✓				
8		✓				
9		✓				
10	✓	✓				
11		✓				
12		✓				
13	✓					
14	✓					
15		✓				
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50						
Total Indep	9					
Total Depend	11					
Total Claims	20					

CLAIMS		Indep	Depend	Indep	Depend	Indep	Depend
51							
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100							
Total Indep							
Total Depend							
Total Claims							